



City of Battlefield
5434 S. Tower Drive
Battlefield, Missouri 65619
(417) 883-5840 phone
(417) 883-8189 fax
www.battlefieldmo.gov

**AUTHORIZATION AGREEMENT
DIRECT PAYMENTS (ACH DEBITS)**

I _____, authorize hereinafter the City of Battlefield, to debit entries to my account indicated below and the Financial Institution named below, hereinafter Guaranty Bank, to debit same to such account on the 1st of each month, the full amount owed. I acknowledge the origination of ACH transactions to my account must comply with the provisions of US law.

(Financial Institution Name)

(Address)

(City-State)

(Zip)

Type of Acct: ____Checking ____ Savings

(Routing/Transit Number)

(Account Number)

This authority is to remain in full force and effect until the City of Battlefield has received written notification from me of its termination in such time and manner as to afford the City of Battlefield and Guaranty Bank a reasonable opportunity to act on it.

(Signature)

(Date)

(Print Name)

(Address)

(Phone)

*****PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM*****